

SOUTH DAKOTA REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect for substantiated abuse or neglect reports for the purposes of foster care or adoptive parent only. This information will be released to the requesting agency.

The purpose of this request is: _____
Foster or adoption

My name is: _____
First Middle Last

Current Address: _____
Street City State Zip

Maiden and former names, or aka: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Race: _____

List full name and birth date of **all** your biological children, including those that are adults.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agency Name and Return Address:

Agency Name

Your Signature

Date

Contact Name

Subscribed and sworn to before me, a Notary Public,

this _____ day of _____,

Physical / PO Box Number / Apt / Suite / Unit / Lot

City

Sate

Zip

Notary Public Signature

My Commission Expires: ____/____/____

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return **Original** to: DSS-Division of Child Protection
Attn: Nicole LeBeau-Central Registry
700 Governors Drive
Pierre, SD 57501-2291

DSS/CPS

Out of State Screening Request Form
01/2018

E-Mail Address (only if results are clear. Original will be shredded unless otherwise requested)